Q150 Digital Books – Section Details

Name: Queensland Past and Present: 100 Years of Statistics, 1896–1996

Section name: Chapter 8, Health, Section 1

Pages: 237–242

Printing notes (Adobe Acrobat): For best results “Page Scaling” should be set to “Fit to Printable Area”. “Auto Rotate and Center” should also be checked.

Licence for use: This document is licensed under a Creative Commons Attribution 2.5 Australia licence. To view a copy of this licence, visit http://creativecommons.org/licenses/by/2.5/au.

You are free to copy, communicate and adapt the work, as long as you attribute the authors.

Return to Q150 Collection: http://www.oesr.qld.gov.au/q150
HEALTH

Statistics have assisted health professionals to identify diseases and their symptoms, and to develop methods for prevention and treatment. Lack of specific statistical data impeded such identification, as the Queensland Year Book, 1938 stated:

The incidence of malaria, diphtheria, scarlet fever, typhoid, tuberculosis, Weil's disease, and venereal disease is being lessened, and, though in some cases the work of the Department of Health and Medical Services is hampered by incomplete returns and inadequate facilities, the health of Queensland shows steady improvement.¹

A problem in measuring mortality by disease was that over a long period the same disease was sometimes identified by several names, and some diseases were confused with others. Typhoid fever, for example, was known by several different names and until 1879 it was confused with typhus fever. Diphtheria and croup were not clearly distinguished in the early years. The first Queensland Registrar-General classified the causes of death according to a scheme used by English vital statistician William Farr (1807–83). Various changes have since been made to the international system for classifying causes of death and disease, such as the Sixth Revision of the International Classification of Diseases and Causes of Death overseen by the World Health Organization in 1948.

HEALTH ADMINISTRATION

Early health legislation and administration

In the nineteenth century much of the responsibility for health lay with local government. Health legislation was often introduced in response to an epidemic. The Health Act 1872 (Qld) was introduced after an outbreak of smallpox, the Health Act 1884 (Qld) after an outbreak of typhoid fever and dysentery, and the Health Act 1900 (Qld) after a plague epidemic.

The present Queensland Department of Health traces its origins to the Central Board of Health created in 1865. The Health Act 1872 defined the role of the board, which was to advise the Government on sanitary matters. The Home Secretary’s Office had responsibility for health matters from 1896 to 1935. The Health Act 1900 created the Department of Health, which was actually a subdepartment of the Home Secretary’s Office, at a time of public anxiety over health matters. The main issues that concerned the public were the adulteration of food,
problems of sanitation and outbreaks of epidemic diseases. The Act incorporated the provisions of the *Sale of Food and Drugs Act 1881* (Qld), empowered the State Government and local governments to take action on health matters, and provided for the compulsory notification of some infectious diseases. The Act was described in the following terms:

The *Health Act 1900* is not a legislative thunderbolt lying ready for the instant abolition, on occasion, of disease and insanitation. Its protective value depends in practice wholly upon the efficiency and adequacy of the means provided for its operation. These require money and time for development and organisation, and cannot be hastily improvised in emergency.2

In 1909 the subdepartment had 30 staff including 10 in a rat gang which laid 426,800 poison baits in 1908–09.3 Concreting and screening were carried out at hotels, restaurants and produce stores. Of the 22,010 rats examined by the government bacteriologist in 1908–09, 21 were found to be infected.4 The responsibility for rat eradication rested with the department until 1916 when it was transferred to local authorities.5

**Expansion of the health subdepartment**

A new *Health Act* was passed in 1911 and remained the basis for Queensland health legislation as administered by State and local governments for many years. The Act formed a code of law for public health, and food and drugs for human use. The subdepartment’s role expanded as medical needs and knowledge developed. When advances in parasitology identified the mosquito as the carrier of filariasis, dengue fever, malaria and yellow fever, a Mosquito Control Section was established. In 1912 fear of the spread of smallpox from outside Australia led the
the existing local sanitary organizations in Tropical Queensland are not at all adequate to meet emergencies arising from such dangerous and panic-producing epidemic diseases as smallpox or cholera. Extreme promptness and accuracy of executive action is essential for dealing with such emergencies.\(^6\)

In 1916 a Food Inspectoral Unit was set up to ensure a safe food supply. Attention was paid to food preparation and storage, labelling standards and adulteration. Milk was a prime concern, with departmental inspectors testing milk and stressing the importance of clean stables, milking sheds, cows and equipment. The Lady Chelmsford Pure Milk Institute commenced operation in 1909 to ensure a clean milk supply for infants. Although recommended as early as 1909, the first milk pasteurisation did not occur until 1928. Water was tested to ascertain whether it was fit for human consumption. In 1909 the commissioner of public health commented on the samples of water submitted for testing:

one rather remarkable case came from a Northern mining district, where the water in a creek below a battery was found to contain 1.5 grams of arsenic per gallon. The drinking of this water by some of the miners had naturally caused serious illness.\(^7\)

Departmental inspectors visited food outlets such as restaurants, fruit and vegetable shops, food factories and hotels. Inspections were conducted throughout the State, with inspectors travelling by rail so that:

The liquor supplies at all the restaurants on the railway lines travelled by the inspectors of the Department in pursuit of their duties have been subjected to examination. The hotels adjacent to railway stations where time would permit were similarly dealt with.\(^8\)

The subdepartment remained a relatively small unit within the Home Secretary's Department which also had responsibility for other health and hospital matters. These included the hospitals for the insane, the Infant and Child Welfare Service (founded in 1918 with the object of reducing infant and maternal mortality), Dunwich Benevolent Asylum, Diamantina Hospital for Chronic Disease, Dalby Sanatorium for Tuberculosis and Westwood Sanatorium.
Coffee stall and pie factory, somewhere in the 'back-blocks', c. 1914.

Butcher's shop, old type, with open front, c. 1913.
In the mid 1930s the Home Secretary, E. M. Hanlon, reorganised health and hospital services and administration in Queensland. An amendment to the Health Act in 1934 created the position of Director-General of Health and Medical Services, to which Dr (later Sir) Raphael Cilento was appointed. In 1935 the Department of Health and Home Affairs was created and was responsible to Hanlon as minister. The new department centralised the administration of health in Queensland.

In 1936 the department's staff included 20 food and sanitary inspectors, a microbiology and pathology laboratory director and medical officer, a bacteriologist and 4 assistants, a medical officer controlling the Enthetic Diseases Section with 4 assistants, 2 inspectors and a microscopist for the hookworm campaign, and a Tuberculosis Bureau officer. Branch officers were located in Toowoomba, Rockhampton, Mackay, Townsville and Cairns, and were responsible for the enforcement of provisions of the health acts dealing with food and drugs, milk sales, food supply, fish supply, poisons and footwear. The department was also responsible for local authority health activities and had the capacity to coordinate the work of its health officers with that of the local authorities.

The Health Act 1937 gave the department responsibility for the medical and dental inspection of school children, included measures that aimed to prevent and control disease by requiring that the department be notified of persons affected with specific infections, and provided for the vaccination of all children within six months of birth. Food purity standards were specified in a code of legislation designed to protect the public against injurious food and food lacking in nutritive value.

**A separate health department**

The Health Department became a separate department in 1946. Demands on the health system continued to grow and in 1955 the department was divided into a number of divisions that reflected the changing nature of health priorities:

- Division of Tuberculosis which managed a chest clinic, a free X-ray unit, and mobile X-ray units that travelled throughout the State.
- Division of Industrial Medicine which offered services to industry and the trade unions for the prevention of industrial hazards.
- Division of Maternal and Child Welfare which managed a network of clinics throughout the State.
- Division of School Health Services which supervised children during their school years. In addition to a medical service, there was also a dental service. Four rail dental cars catered for the needs of outback children while motor cars accompanying the rail cars transported the dentists to schools not on the railway.
- Division of Mental Hygiene which ran the mental hospitals established at Brisbane, Ipswich, Toowoomba and Charters Towers.

Throughout its history a priority of the health subdepartment and department has been matters of public health and preventive medicine. These preventive measures and a better standard of living are claimed to be the main reasons for an overall improvement in people's health. This improvement was reflected in longer life expectancies (table 8.1). Life expectancy at birth increased by about 25 years between 1891–1900 and 1993–95 from about 50–55 years to 75–80 years. Life expectancy figures in the late nineteenth and early twentieth centuries were low due largely to high infant mortality rates (see Mortality and Morbidity section).
In 1996 the provision of health services in Queensland was shared between Commonwealth, State and local governments. At the State level, services are administered by a minister through the Department of Health, headed by a Director-General. Health and education each represent about 25% of Queensland Government expenditure.

PUBLIC HOSPITALS

Early public hospitals
Queensland's hospitals for the physically ill have changed significantly since 1896. In the nineteenth century, hospitals were managed by committees elected by subscribers, and legislation dealing with hospitals largely addressed how the committees would manage the hospitals. Patients were supposed to pay for their treatment. Hospitals were not regarded as desirable places to be when sick. Most people, except the poor, the very ill and those with highly contagious diseases, were treated at home.\(^{13}\)

In the 1890s public hospitals serving Brisbane included Brisbane General Hospital (254 beds), Hospital for Sick Children (84 beds), Lady Lamington Hospital for women's diseases (9 beds) and Lock Hospital for prostitutes with venereal disease.\(^{14}\) Patients with contagious diseases...